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RUN DATE: 08/05/2007				IPRS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 08/07/2007				
				FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
							FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8599	121	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	74	DUPLICATE OF CLAIM-SYSTEM	63	324	1238	914
		8931	62	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPFS.				
3404904	WESTERN HIGHLAN DS LME	21	852	DUPLICATE OF CLAIM-SYSTEM				
		11	37	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1015	11620	10605
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	5308	219	PRIOR AUTHORIZED UNITS EXCEEDE D				
		21	142	DUPLICATE OF CLAIM-SYSTEM	3	804	9618	8805
		11	103	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	18	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		79	15	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	37	1856	1819
		11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404913	MECKLENBURG COM ENTAL HEALT	8505	2242	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	208	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	3034	3232	198
		8599	187	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404916	CROSSROADS BEHA VIOAL HEAL	8537	69	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		191	26	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	167	5077	4910
		79	25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404917	CENTERPOINT HUM AN SERVICES	11	94	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	67	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	269	3630	3361
		23	56	SERVICE REQUIRES PRIOR APPROVA L				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL ROBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MENTAL HEALTHC	8505	848	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	28	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	928	1562	634
		8599	15	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404920	ALAMANCE CASWELL AREA MHD	21	54	DUPLICATE OF CLAIM-SYSTEM				
		8599	17	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	104	8967	8863
		79	8	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404921	ORANGE PERSON CENTER HATHAM AREA	8564	70	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN ELIGIBILITY PERIOD.				
		11	44	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	265	1111	846
		143	31	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404922	THE DURHAM CENTER	21	8	DUPLICATE OF CLAIM-SYSTEM				
		191	5	CLIENT ID NUMBER DOES NOT MATCH PATIENT NAME	0	16	152	136
		11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404923	FIVE COUNTY MENTAL HEALTHC	8505	416	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		11	137	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	837	4000	3163
		8800	60	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTER FOR MH/DD	8505	2893	CLAIM DENIED DUE TO INSUFFICIENT BUDGET				
		8800	500	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	50	4229	5355	1126
		11	185	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN REGIONAL MENTAL HEALTHC	21	1763	DUPLICATE OF CLAIM-SYSTEM				
		11	151	CLIENT NOT ELIGIBLE ON SERVICE DATE	3	2421	6772	4351
		8622	135	60 RESIDENTIAL LEVEL II TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404927	CUMBERLAND CO MENTAL HEALTHC	8599	110	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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		8622	24	60 RESIDENTIAL LEVEL II TREATMENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	189	2639	2450
		8329	23	CLAIM DENIED ATTENDING PROVIDER CANNOT BE THE SAME AS THE LMA				
3404930	JOHNSTON COUNTY MNTL HLTHC	8535	1	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		0	0		0	1	5	4
3404931	WAKE CO HUM SVC BILLING OF	21	686	DUPLICATE OF CLAIM-SYSTEM				
		8000	195	NO RATE AVAILABLE ON FILE TO PRICE THIS CLAIM DETAIL	10	1376	4138	2762
		8518	165	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404933	SOUTHEASTERN CT R FOR MH/DD	8537	113	PROCEDURE IS NOT PAYABLE FOR YOUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		8599	27	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	197	3585	3388
		11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404934	ONSLOW CARTERET BEHAV HEAL	11	471	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	226	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1305	2594	1289
		8535	211	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8933	28	ADTNC INELIGIBLE TO RECEIVE SERVICES IN IPRS.				
		21	17	DUPLICATE OF CLAIM-SYSTEM	28	87	2132	2045
		8599	16	DETAIL NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404939	EAST CAROLINA B EHAVORAL H	23	22	SERVICE REQUIRES PRIOR APPROVAL				
		120	6	CLIENT ID NUMBER MISSING OR INVALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	28	404	376
3404941	EAST CAROLINA B EHAVORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404943	ALBEMARLE MENTA L HEALTH CE	8599	38	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	30	CLIENT NOT ELIGIBLE ON SERVICE DATE	8	130	1211	1081
		191	17	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404944	EASTPOINTE HUMA N SERVICES	8505	17	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8533	15	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.	3	46	6025	5979
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	8599	127	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8537	93	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	340	3745	3405
		11	31	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404949	PIEDMONT BEHAVI ORAL HEALTH	8535	1	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
		0	0		0	1	1	0